## **VIA EMAIL AND FIRST CLASS MAIL**

Motors Liquidation Company Attn: Claims Team 2101 Cedar Springs Road Suite 1100 Dallas, TX 75201 claims@motorsliquidation.com

Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) – Claim Documentation Letter

Dear Motors Liquidation Company,

By this letter, I hereby submit the attached documentation in support of the following claim:

Claim Number	Claimant
18839	PICKETT, JUANITA

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described claim, and that the Debtors reserve all rights with respect to this claim.

Very truly yours,

X

Print Name

Address

Juanita PICKETT

13755 Medicaffark Drive

City, State and Zip Code Mable Ton Oa. 30126

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APS0587648796





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UNITED STATES BANKRUPTCY COURT FOR THE SOUTH	IERN DISTRICT OF NEW YORK	PROOF OF CLAIM
Name of Debtor (Check Only One):  Motors Liquidation Company (f/k/a General Motors Corporation)  MLCS, LLC (f/k/a Saturn, LLC)  MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)  MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)	Case No. 09-50026 (REG) 09-50027 (REG) on) 09-50028 (REG) 09-13558 (REG)	Your Claim is Scheduled As Follows:
NOTE: This form should not be used to make a claim for an administrative expense arising a for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other reques filed pursuant to 11 U.S.C. § 503.	ifier the commencement of the case, but may be used ts for payment of an administrative expense should be	
Name of Creditor (the person or other entity to whom the debtor owes money or property): PICKETT, JUANITA		CITY
Juanita Pickett	Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: 71-5439238	MOV 2 2009 N
madleton 30126	(If known) 4 Filed on: 04 30, 2008	If an amount is identified above, you have a claim
Telephone number: 678-913-7114 Email Address:		scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you
Name and address where payment should be sent (if different from above):  Juanita Pickett  POBM 1181  Mableton Ga 30125	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in
Telephone number: 67 8913_7/14	Check this box if you are the debtor or trustee in this case.	accordance with the attached instructions, you need not file again.
1. Amount of Claim as of Date Case Filed, June 1, 2009:    Sample	ant to 11 U.S.C. § 503(b)(9), complete item 5.	5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the
itemized statement of interest or charges.  2. Basis for Claim: Personal state due to		amount. Specify the priority of the claim.
	of (Sum mary)	☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commissions (up
3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)		to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's
<ol> <li>Secured Claim (See instruction #4 on reverse side.)         Check the appropriate box if your claim is secured by a lien on property or a ri information.     </li> </ol>	ight of setoff and provide the requested	business, whichever is earlier – 11 U.S.C. § 507(a)(4).
Nature of property or right of setoff:	cle 🛘 Equipment 🗖 Other	☐ Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5). ☐ Up to \$2,425* of deposits toward
Value of Property: \$ Annual Interest Rate%	purchase, lease, or rental of property or services for personal, family, or	
Amount of arrearage and other charges as of time case filed included in so Basis for perfection:	household use – 11 U.S.C. § 507(a)(7).	
	24.404.60	Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).
6. Credits: The amount of all payments on this claim has been credited for the p	ourpose of making this proof of claim.	☐ Value of goods received by the Debtor within 20 days before the
7. Documents: Attach redacted copies of any documents that support the claim, orders, invoices, itemized statements or running accounts, contracts, judgments, n You may also attach a summary. Attach redacted copies of documents providing a security interest. You may also attach a summary. (See instruction 7 and definition)	nortgages, and security agreements. evidence of perfection of tion of "redacted" on reverse side.)	date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))  Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority:
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY SCANNING.	•	\$* *Amounts are subject to adjustment on
If the documents are not available, please explain in an attachment.	<b>\</b>	4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: Signature: The person filing this claim must sign it. Sign other person authorized to file this claim and state address address above. Attach copy of power of attorney, if any.		ce.

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Mair Pg 3 of 66	Document
DATE: 12/14/04 TIME:	
PATIENT NAME: MUANITA PICKEH.	
CALLER NAME:	
HOME PHONE: 7-921-4339 WORK PHONE: CELL#	
DRUG ALLERGY:	•
STATEMENT OF PROBLEM: Nelds RX that you ga	re
- min Pight hand 700.	•
	• •
PROPOSED SOLUTION:	
ACTION TAKEN: DVOLV. WVIST SPLINTS From	· 1
Faxed Annie RX 2 PE	info-
BY: DATE: 12/14/04 TIME:	

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09-50026-mg	Doc 11429	Filed 02/14/12) (Enterqu'02/24/18/13:03:16 Main Document  Pg 4 of 66 WINNETT CLINIC  H
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		ROBERT D. ROCKFELD, M.D., FAAOS THOMAS P. BRANCH, FAAOS
		1770 OS 20045 INDIREC GA 20049 2/64 W Main St
i i		(770) 978-3388 (770) 844 00006
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## 09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document 5. **WHAT TO FILE** Pg 5 of 66

If you file a Proof of Claim, your filed Proof of Claim must: (i) be written in the English language; (ii) be denominated in lawful currency of the United States; (iii) conform substantially to the form provided with this Notice ("Proof of Claim Form") or Official Bankruptcy Form No. 10; (iv) state the Debtor against which it is filed; (v) set forth with specificity the legal and factual basis for the alleged claim; (vi) include supporting documentation or an explanation as to why such documentation is not available; and (vii) be signed by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant.

IF YOU ARE ASSERTING A CLAIM AGAINST MORE THAN ONE DEBTOR, SEPARATE PROOFS OF CLAIM MUST BE FILED AGAINST EACH SUCH DEBTOR AND YOU MUST IDENTIFY ON YOUR PROOF OF CLAIM THE SPECIFIC DEBTOR AGAINST WHICH YOUR CLAIM IS ASSERTED AND THE CASE NUMBER OF THAT DEBTOR'S BANKRUPTCY CASE. A LIST OF THE NAMES OF THE DEBTORS AND THEIR CASE NUMBERS IS SET FORTH ABOVE.

Additional Proof of Claim Forms may be obtained at www.uscourts.gov/bkforms/ or www.motorsliquidation.com.

YOU SHOULD ATTACH TO YOUR COMPLETED PROOF OF CLAIM FORM COPIES OF ANY WRITINGS UPON WHICH YOUR CLAIM IS BASED. IF THE DOCUMENTS ARE VOLUMINOUS, YOU SHOULD ATTACH A SUMMARY.

## 6. CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM BY THE APPLICABLE BAR DATE

Except with respect to claims of the type set forth in Section 2 above, any creditor who fails to file a Proof of Claim on or before the applicable Bar Date in the appropriate form in accordance with the procedures described in this Notice for any claim such creditor holds or wishes to assert against each of the Debtors, will be forever barred – that is, forbidden – from asserting the claim against each of the Debtors and their respective estates (or filing a Proof of Claim with respect to the claim), and each of the Debtors and their respective chapter 11 estates, successors, and property will be forever discharged from any and all indebtedness or liability with respect to the claim, and the holder will not be permitted to vote to accept or reject any chapter 11 plan filed in these chapter 11 cases, participate in any distribution in any of the Debtors' chapter 11 cases.

## 7. THE DEBTORS' SCHEDULES, ACCESS THERETO, AND CONSEQUENCES OF AMENDMENT THEREOF

You may be listed as the holder of a claim against one or more of the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). If you rely on the Debtors' Schedules, it is your responsibility to determine that the claim is accurately listed in the Schedules.

As set forth above, if you agree with the classification and amount of your claim as listed in the Debtors' Schedules, and if you do not dispute that your claim is only against the specified Debtor, and if your claim is not described as "disputed", "contingent", or "unliquidated", you need not file a Proof of Claim. Otherwise, or if you decide to file a Proof of Claim, you must do so before the Bar Date in accordance with the procedures set forth in this Notice.

Copies of the Schedules may be examined by interested parties on the Court's electronic docket for the Debtors' chapter 11 cases, which is posted on the Internet at <a href="www.motorsliquidation.com">www.mysb.uscourts.gov</a> (a PACER login and password are required and can be obtained through the PACER Service Center at <a href="www.pacer.psc.uscourts.gov">www.pacer.psc.uscourts.gov</a>.). Copies of the Schedules may also be examined by interested parties between the hours of 9:00 a.m. and 4:30 p.m. (Eastern Time) at the office of the Clerk of the Bankruptcy Court, United States Bankruptcy Court for the Southern District of New York, One Bowling Green, Room 511, New York, New York 10004. Copies of the Debtors' Schedules may also be obtained by written request to the Debtors' claims agent at the address and telephone number set forth below:

The Garden City Group, Inc. Attn: Motors Liquidation Company P.O. Box 9386 Dublin, Ohio 43017-4286 1-703-286-6401 09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pa 6 of 66

Message Confirmation Report

OCT-03-2009 12:06 SAT

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U.S. Department Of Transportation

National Highway Traffic Safety Administration (www.nhtsa.dot.gov)

(Also: http://www.safercar.gov)

Ms. Juanita Pickett 3755 Medical Park Dr. Apt 1231 Austell GA 30106 Request # TIS09-003388 Analyst Initials DGD June 4, 2009

1200 New Jersey Ave., S.E. Washington, D.C. 20590 (Mail Stop #: NPO-411)

E-Mail: tis@dot.gov

FAX #: (202) 493-2833

Subject: 2 Complaint letters on 2003 Buick Rendezvous

Dear Ms. Pickett:

This is written in response to your e-mail to NHTSA's Technical Information Services Division.

Enclosed are the redacted copies of the complaints you requested. As you may be aware, we cannot release complaints with personal identifiers (name, address, telephone number, and the last characters of the vehicle VIN). This information is protected by Exemption 6 of the Freedom of Information Act, by the Privacy Act of 1974 (as amended), by Supreme Court decisions and agency policy.

Thank you for your request to NHTSA's Technical Information Services Division

David G. Doernberg

Lead Technical Information Services Analyst

Technical Information Services

NHITSA

	PERSONAL REPORT OF ACCIDENT  This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report is for your personal use and should not be mailed to the Department of Motor Vehicle Safety, as it will receipt.  INSTRUCTIONS:	report. This be destroyed upon
	<ol> <li>Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known".</li> <li>Give exact time of accident (date, day and hour).</li> <li>Under "Location of Accident" show sufficient information to locate exact scene of the accident.</li> <li>Print or type all names and addresses.</li> <li>Sign the report in the space provided on the reverse side.</li> </ol>	
•	<ol> <li>Report must be complete as to exact names, birth dates, and drivers license numbers.</li> <li>Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons</li> </ol>	
Time	Date of Day of Day of Accident 22/04 Week 1085 Hour 3 A.M. 330P.M. Weather Clear	DO NOT WRITE IN THIS SPACE
L	Place Where  City, Town  Accident Occurred: County Devalor Or Township	
O	If accident was outside city   limits indicate distance from treatest town. Use two dis-	
A	inces and two directions miles cast-west center of City or Town	
T	OCURRED ON: 3 e w T 285 + 85  Give name of street or highway number, (U.S. or State). If no highway number, identify by name.  VAt its intersection with:	MANDONEY Julius der
O	Check and Name of intersecting street or highway number complete one OR feet	
Ņ	Not at intersection:    South-north   feet	And the second s
V	YOUR VEHICLE NUMBER 1 2003 Render, FWD 4000 Vehicle 1, 99 1/0 Approx	imate cost
E	Year Make Type (sedan, truck, taxi, bus, etc.)  License Plate  Vear State Number  Driver Jugopita Plakett 3136 INSTICE Mill	rehicle Lawrencevi
I	Full Name Street City and State Driver's Driver's Driver's	24 715
C	Owner Luchita Pickett 3136165tice Millet Owner's Birth	Yr Date 5 16 34
L E	Full Name  Street  City and State  Owner's  Vehicle Damaged  Oriveable  Yes  No Driver License  City and State  Owner's	MG Da Yr
S	Is this vehicle covered by automobile liability insurance?  If vehicle not covered, did driver bave liability policy applicable?  If yes TO EITHER SHOW INSURANCE COMPANY OLG INSURANCE COMPANY OLD IN	name of insurance agency.
Space for	OTHER VEHICLE NUMBER 2 Vehicle Approxi	mate cost
any third vehicle	Pear Make Type (sedan, truck, taxi, bus, etc.)  Year State Number  Driver	,
on reverse side.	Full Name Street City and State  Driver's Driver's Driver's  Occupation License Birth Date	Age Sex
Total vehicles	Carpenter, Sales Clerk, Etc. State Number Mo. Da Yr Owner Owner Owner's Birth	Date
involved	Parts of City and State  Parts of Owner's  Vehicle Damaged Drivcable Yes No Driver License	Mo Da Yr
Dayes	State Is this vehicle or driver covered by automobile liability insurance? Yes No If Yes show name of Insurance Company	Number
	TO PROPERTY CHAN VEHICLE Approximat NAME OBJECT AND STATE NATURE OF DAMAGE Cost to repair	1
NAME A	ND ADDRESS OF OWNER OF DAMAGED PROPERTY	

## Optimum Health

2850 L'Ville Suwanee Rd Suwanee, GA 30024 678-546-0550 678-546-6885 Fax

Date 9/10/04
To Whom It May Concern:
This is to certify that
He/she was unable to perform his/her normal job duties from $\frac{8}{30} - \frac{9}{15}$ to
☐ He/she is released to return to full-duty.
☐ He/she is released to return to half-day schedule.
The following restrictions apply:
□ none
□√no liffing over 10 pounds
$\square$ no prolonged sitting or standing without exercise break
① no bending, stooping, stretching
Should there be any questions concerning our patient's condition, please do not hesitate to contact this office.
Sincerely.

PSYCHIATRIC ATTENDING PHYSICIANS STATEMENT OF DISABILITY Medications (Dose, frequency, start date, last medication change and reason):  Are the medications within therapeutic range?   Yes   No   If 'No,' do you anticipate any changes/increases? (Please note plan.)      Gutsantwilmanstatus   Status
Medications (Dose, frequency, start date, last medication change and reason):  Are the medications within therapeutic range?
Are the medications within therapeutic range? Yes No If "No," do you anticipate any changes/increases? (Please note plan.)    Constitute
Appearance
Affect:  Appropriate Inappropriate Labile Constricted Flat Other:  Mood:  Normal Depressed Anxious Euphoric Irritable Other:  Attitude: Cooperative Guarded Suspicious Uncooperative Belligerent Other:  Speech: Hormal Haited Pressured Sturred Incoherent Other:  Judgement: Intact Impaired: Mild Moderate Severe  Cognition:  Attention: Intact Impaired: mild moderate severe  Concentration: Intact Impaired: mild moderate severe  Intact Impaired: Flight of ideas Loose Associations Circumstantial  Thought content:  Hallucinations: Not present: Auditory Visual Offactory Tactile Other:
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Delusions: Visual Offactory Tactile Other:
Delusions: / Name Other:
Delusions: Not present   Persecutory Being Controlled Granding Controlled
Suicidal: Grandiose Somatic Other:
Homleidal: Not precent   December   December
Obsessions: Not present Present (despite)
Insight into illness: Absent (Fair) Good
Sensorium:
Level of consciousness: (Alart) Drowsy Stupor
Orientation: (Intact) Person Place Time Office
re there any psychological factors that might affect this nations and any psychological factors that might affect this nations and the second
patient mable to wash do not discovered.
patient unable to work due to this impairment?
(MM DD YY)
hat tasks of their occupation are they capable of performing? The recently retired from her gale.
e there any accommodations/modifications to the work setting that would assist your patient to return to work?
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w long do you feel the limitations will last?
you believe the national is competent to and a series of the series of t
you believe the patient is competent to endorse checks and direct the use of the proceeds thereof?  No
ending Physician's Name 3A-88 D SH-H-IX-IDSALLUT Telephone No. 770-991-88-0
ense No. 632657 6A
# or E.I.N.#:
Specialty: Newalland
State: St
nature:
-7335-1 (01/03)



ESIS/GM Central Claims Unit P.O. Box 300 Mail Code 482 C20 D71 Detroit, MI 48265-3000 800.888.0164 tel 313.665.0911 fax

Tanya R. Morris Claims Administrator

August 17, 2004

Juanita Pickett 3136 Justice Mill Ct. Lawrenceville, GA 30044-3246

RE:

Our File No.:

484196

Our Client:

General Motors Corporation

Date/Event:

06/22/04

Subject vehicle:

2003 Buick Rendezvous

VIN:

3G5DA03E83S529433

Dear Ms. Pickett:

ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

So we may further investigate your claim, we request that you provide us with the following information:

- 1. Statement describing the incident, outlining the date, time and events regarding this matter. Also statements of other witnesses, if available would be appreciated;
- 2. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
- 3. All medical records concerning the injuries suffered as a result of this accident; attached you will find copy of the Medical Release, please sign and send to my attention.
- 4. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
- 5. Documentation to substantiate the type and amount of damages claimed;
- 6. Current location of the subject vehicle. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

When we have received this information, we will be in a better position to consider your claim. Should you have any questions regarding this letter or your claim, please do not hesitate to contact me directly at 800.888.0164, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST

Sincerely.

Tanya R. Morris

Claims Administrator



CORPORATE OFFICES 702 S.W. 8<sup>TH</sup> Street Bentonville, Arkansas 72716 Office: (479) 273-4505 Fax: (479)277-5991

September 9, 2005

LITIGATION DIVISION

Law Offices of Monge & Associates 1858 Independence SQ. Ste. D Atlanta, GA 30338

RE: Juanita Pickett LP# 208922

To Whom It May Concern:

Enclosed are copies from the Payroll file of Juanita Pickett, submitted in response to your Subpoena Duces Tecum/Request for Information on Wal-Mart Stores, Inc.

If there are any other request at this time, they have been sent to other departments to be processed, and if located, will be forwarded to you as soon as possible. If you have received all your documents please consider this request satisfied.

incerely,

Discovery Specialist

CORPORATE • EMPLOYMENT • INTERNATIONAL • LITIGATION LOGISTICS • REAL ESTATE • SAM'S CLUB • WAL-MART STORES

You are hereby authorize	d to remove my	2003	<u> </u>	vick		Rendenious
	,	YEAR	-	MAKE	···	MODEL
VIN#, locate		ed at	Lawrence	enceville GA		
To any salvage disposal f	acility or other lo	cation chos	en by you.	-		
The purpose of this authorsolicit salvage bids.	orization is to mo	ve the afor	ementioned v	ehicle in	order to s	top storage and/
The signing of this authoraforementioned vehicle.	rization alone do	es not con	stitute a wai	ver of any	rights of	f ownership in t
			Vehicle	Owner		
-			•			
		)	Šign_		•	
			Date:		_ ·, 200	03
	医沙耳氏毒病病 经现代证据 医多种			*******		
	Auto	omobile E	ill of Sale			
YEAR/MAKE/MODEL	VIN#		·	Amount		DATE
2003 Buick	365DA03	SE83S52	19433	1866	4.25	7/12/04
Person to Whom Title con	veyed					
In consideration paid by acknowledged, we do bar without representation or convenant and agree to without and agree to without representation or convenant and agree to without agreement and every process. This agreement is a transferee of the odometer	warranty, expre- varrant and defen- person or persons dometer mileage a made by us in con	onvey to sa ss or impli d the title of whatsoeve s indicated	id above per ed, in fact of said auton r.	son the a or in law, nobile aga	utomobile except the ainst any l	e described abor nat we do hereb lawful claims ar
	_	••		_		
We do not know the actua	i odometer mileag	ge reading i	or the follow	ing reaso	n:	
		·				
Witness our hand the date	above written.		Vehicle	Owner		

09-50026-mg	Doc 11429 Filed 02/14/12 Entered 02/21/12	2 1 2 0 2 1 A. Main Document
09*30020-ing	DOC 11423   HEG OZ/14/12 Elifelem Oz/21/12	Talogato Angua Polanicia
		The second secon

## GMAC Insurance

Claim Number: 735809 2 Policyholder: Juanita Pickett Policy Number:		·
Date of Loss: 6/22/04		•
	LOSS AGREEMENT	·
The actual loss and damage, and amount claim Total Loss Settlement: Value 38 tag	e 17875.00 + 1251.25 - 1/title less 500 ded	tax + uctible = 18664.25
GMAC Insurance is hereby authorized and emp	Dowered to pay at its options as follows	· ::
	Dollars, (\$) & 664, 25	) in full settlement for all damages
It is expressly understood and agreed that the above company is not a waiver of any of its righ	furnishing of this blank, the preparations.	on or proof by a representative of the
State of :	County of:	
Subscribed and sworn to before me this		
Notary Public (Witness)	Insured	
	SUBROGATION RECEIPT	
Received of	the sum of	Dollars,
(\$) being in full of all claims an . 2003 to the property insu	nd demands for loss and damage by red by Policy No	on the day of
said Company each and all claims and deman connected with such loss or damage and the sa of the undersigned against said person, persons	and against any person, persons, corp aid Company is subrogated in the places, corporations, or property to the exter	nere by assigns and transfers to the porations, or property arising from or
In witness whereof, hereunto set _		-
this day of	· · · · · · · · · · · · · · · · · · ·	
Witness	Insured	
REQI	UEST TO EMPLOY COUNSEL	
The undersigned, having suffered a property loss subrogation receipt, does hereby request the sai recovery thereof, only, however, in the event the herein agreed, that, in the event of recovery the apportioned between the undersigned and the sa	ss of in excess of Dollar id insurance company to employ couns nat said insurance company employs	sel for and on behalf, to effect counsel on its own behalf. It being
. · · · · · · · · · · · · · · · · · · ·	Insured	
Vitness		
	<del></del>	

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 15 of 66

ATT. DR. ALEX

## GWINNETT HOSPITAL SYSTEM

1000 Medical Center Blvd 678-442-4440

Gwinnett Women's Pavilion Lawrenceville, GA

Joan Glaricy Memorial Hospital Duluth GA

Glancy Outpatient Center Duluth, GA

575 Outpatient Imaging Center Lawrenceville, GA

RADIOLOGY CONSULTATION REPORT

NAME:

PICKETT, JUANITA

EXAM:

CT HEAD W/O CONTRAST

EXAM#: JG DIAGNOSTIC, Glancy Outpatient PT

E-03055660

PT LOCATION:

Center

13895738

ROBERT BONHOMME MD MR#:

Rm/Bed

744913

ORDERED BY: ORDERED: SERVICE DATE:

ACCOUNT #:

07/16/2004 12:28 07/16/2004

DOB: BY:

05/16/1934 MCDONALD, SEENA

CT HEAD W/O CONTRAST

## CT BRAIN WITHOUT INTRAVENOUS CONTRAST

FINDINGS: No acute intracranial hemorrhage identified. No midline shift or focal mass effect noted. No abnormal focal intra- or extra-axial fluid collections seen.

No skull fracture is noted on bone window images. Changes of mild cortical atrophy are noted. Minimal bilateral periventricular low attenuation changes are seen at the level of the frontal horns.

#### IMPRESSION:

1. No acute intracranial hemorrhage seen. No skull fracture is noted.

agnur & fatota

2. Minimal bilateral periventricular low attenuation changes are nonspecific and felt likely related to small vessel disease.

DICTATED BY:

JAYMIN R PATEL, M.D.

Released By: JAYMIN R PATEL, M.D.

Transcribed By: LINDA

Jul 19, 2004 13:46:18

07/16/200415:31:21

Exam #: E-03055660

Page 1

## Gwinnett Hospital System Emergency Department Report

Patient Name:

PICKETT, JUANITA

Room Number:

Medical Record Number: 744913

Account Number: 13873815

Page 2

The patient was discharged home. I will treat her for cervical and thoracic strain, status post motor vehicle accident. Lortab and Robaxin for pain. Motor vehicle accident and neck injury instructions. Follow up with primary care physician in approximately I week.

Keith C Buchanan MD

D: 06/23/2004 01:21:24

T: 06/23/2004 01:50:36

Job: 4376022

CC:

CIVIL**09TB0026**Ymg PERSONAL INJURY PRODUCTS LIABILITY WRONGFUL DEATH Doc 11429

Law Offices or Piloto 124712 A ESO COLO 124721/12 13:03:16 85 Maine Procument quare

Telephone: 404.870.8503

Facsimile: 404.870.8502

Suite D

Atlanta, Georgia 30338

March 2, 2005

Ms. Juanita Pickett 3136 Justice Mill Court Lawrenceville, Georgia 30044

Dear Ms. Pickett,

I wanted to send you this letter to provide you an update on your important case.

Please be assured that both myself and my staff are continuing to work very hard on your case. Often times the work that we do involves important tasks that may not always be visible such as legal investigation, correspondence on your behalf, retrieval of records on your case, telephone calls to relevant persons or agencies, payment of your case expenses, extensive negotiation, legal research and many other efforts to try to achieve the best possible outcome on your important legal matter.

Please note that if you have not returned a Wage and Salary Verification and are claiming lost wages, it is important that you complete and return the enclosed Wage and Salary Verification to our office. If we do not receive the enclosed verification within 15 days of your receipt of this correspondence, it will be presumed that you do not want us to claim any lost wages related to you case. If you are not claiming any lost wages or have already returned a Wage & Salary Verification there is no need to complete the enclosed Verification.

If during the time that we are working your case, you have legal questions please note I will be glad to try to help by giving legal consultations without any charge or obligation. If I can ever be of any assistance to you in the Atlanta area or otherwise, please feel welcome to contact me anytime. With kindest regards, I remain,

Very truly yours,

Marc Grawert

MG/sa

Enclosure: Wage & Salary Verification

Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16

Pa 18 of 66 Law Offices of

MONGE & ASSOCIATES

Telephone: 404.870.8503 Facsimile: 404.870.8502

1858 Independence Square Suite D Atlanta, Georgia 30338

February 11, 2005

Dr. Robert Bonhomme, M.D. Medical Records Request 3997 Lawrenceville Hwy., Suite 205-B Lawrenceville, Georgia 30047 770.564.1516

Re:

CIVIL LITIGATION

PERSONAL INJURY

PRODUCTS LIABILITY

WRONGFUL DEATH

Patient/Client:

Juanita Pickett

Date of Birth:

05/16/34

Social Security No.: 369-36-4803

**Treatment Date:** 

June 22, 2004 to present

#### 30-DAY HIPAA REQUEST FOR COPIES OF MEDICAL RECORDS

Dear Sir or Madam,

Please be advised it is crucial to our legal representation on behalf of this patient/client - that we receive complete medical records for the specified dates of treatment.

Pursuant to HIPAA regulations, you "must act on a request for access no later than 30 days after receipt of the request . . ." If you are unable to act within this time period, the regulations allow an extension of time provided that, within the initial thirty days, you provide us with a written statement of the reasons for the delay and the date by which you will complete action on the request. See, 45 CFR 164.524(b)(2)(i).

Please also note that, pursuant to O.C.G.A. §31-33-3, a charge of up to \$23.84 may be collected for search, retrieval and other administrative costs related to compliance with a medical records request. Copying costs shall not exceed \$.89 per page for the first 20 pages of the patient's records; \$.77 per page for pages 21-100; and \$.60 for each page copied in excess of 100 pages. The actual cost of postage incurred in mailing the requested records may also be charged.

A HIPAA Compliant Medical Authorization signed by this patient directing your office to provide copies of the requested records has been enclosed to expedite this request.

Your anticipated cooperation remains very much appreciated. With kindest regards, I am,

Legal Assistant to Marc Grawert

Very truly yours

Sherrie Mitchell

MG/sa

cc: Ms. Pickett

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document

CIVIL LITIGATION PERSONAL INJURY PRODUCTS LIABILITY WRONGFUL DEATH

## MONGE & ASSOCIATES

Telephone: 404.870.8503 Facsimile: 404.870.8502

1858 Independence Square Suite D Atlanta, Georgia 30338

February 11, 2005

Gwinnett Clinic Medical Records Request 475 Phillip Blvd. Lawrenceville, Georgia 30045 770.995.3300

Re:

Patient/Client:

Juanita Pickett

Date of Birth:

05/16/34

Social Security No.: 369-36-4803

Treatment Date:

June 22, 2004 to present

### 30-DAY HIPAA REQUEST FOR COPIES OF MEDICAL RECORDS

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Legal Assistant to Marc Grawert

Very truly yours

Sherrie Mitchell

cc: Ms. Pickett

MG/sa

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document

MONGE & ASSOCIATES

Telephone: 404.870.8503 Facsimile: 404.870.8502

1858 Independence Square Suite D Atlanta, Georgia 30338

February 11, 2005

Optimum Health Billing Request 2855 Hwy. 317, Suite 760-318 Suwanee, Georgia 30024 678.546.0550

Re:

CIVIL LITIGATION

PERSONAL INJURY

PRODUCTS LIABILITY

WRONGFUL DEATH

Patient/Client:

Juanita Pickett

Date of Birth:

05/16/34

Social Security No.: 369-36-4803

**Treatment Date:** 

June 22, 2004 to present

#### REQUEST FOR MEDICAL BILLING

Dear Sir or Madam,

We represent the above referenced patient in a pending personal injury matter.

Since the at fault party is ultimately responsible for payment or reimbursement of medical bills arising from their negligence, it is crucial that we receive a billing summary of treatment charges with regard to the above referenced injury/condition.

This summary should include all charges for treatment and supplies, but SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS, as this would be improper evidence.

I have enclosed a Medical Authorization form which authorizes us to receive this information to expedite this request.

Thank you for your prompt attention to this matter.

Very truly yours,

Sherrie Mitchell

Legal Assistant to Marc Grawert

cc: Ms. Pickett

MG/sa

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 21 of 66

CIVIL LITIGATION PERSONAL INJURY PRODUCTS LIABILITY WRONGFUL DEATH

## Law Offices of MONGE & ASSOCIATES

Telephone: 404.870.8503 Facsimile: 404.870.8502

1858 Independence Square Suite D Atlanta, Georgia 30338

February 11, 2005

Dr. Robert Bonhomme, M.D. Billing Request 3997 Lawrenceville Hwy., Suite 205-B Lawrenceville, Georgia 30047 770.564.1516

Re:

Patient/Client:

Juanita Pickett

Date of Birth:

05/16/34

Social Security No.: 369-36-4803

Treatment Date:

June 22, 2004 to present

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This summary should include all charges for treatment and supplies, but SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS, as this would be

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Thank you for your prompt attention to this matter.

Very truly yours,

Sherrie Mitchell

Legal Assistant to Marc Grawert

cc: Ms. Pickett

MG/sa

09-50026-ma Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16

Pg 22 of 66

Law Offices of **MONGE & ASSOCIATES** 

Telephone: 678.579.0203 Facsimile: 678.579.0204

1858 Independence Square Suite D

Main Document

Atlanta, Georgia 30338

July 22, 2005

Gwinnett Medical Center Medical Records Request 1000 Medical Center Blvd. Lawrenceville, Georgia 30045

Re:

CIVIL LITIGATION

PERSONAL INJURY

PRODUCTS LIABILITY

WRONGFUL DEATH

Patient/Client:

Juanita Pickett

Date of Birth:

05/16/34

Social Security No.: 369-36-4803

**Treatment Date:** 

April 1, 2005 to present

## 30-DAY HIPAA REQUEST FOR COPIES OF PHYSICAL THERAPY RECORDS

Dear Sir or Madam,

Please be advised it is crucial to our legal representation on behalf of this patient/client that -we receive complete medical records for the specified dates of treatment.

Pursuant to HIPAA regulations, you "must act on a request for access no later than 30 days after receipt of the request . . ." If you are unable to act within this time period, the regulations allow an extension of time provided that, within the initial thirty days, you provide us with a written statement of the reasons for the delay and the date by which you will complete action on the request. See, 45 CFR 164.524(b)(2)(i).

Please also note that, pursuant to O.C.G.A. §31-33-3, a charge of up to \$23.84 may be collected for search, retrieval and other administrative costs related to compliance with a medical records request. Copying costs shall not exceed \$.89 per page for the first 20 pages of the patient's records; \$.77 per page for pages 21-100; and \$.60 for each page copied in excess of 100 pages. The actual cost of postage incurred in mailing the requested records may also be charged.

A HIPAA Compliant Medical Authorization signed by this patient directing your office to provide copies of the requested records has been enclosed to expedite this request.

Your anticipated cooperation remains very much appreciated. With kindest regards, I am,

Legal Assistant to Marc Grawert

Very truly yours

Sherrie Mitchell

MG/sa

cc: Ms. Pickett

Entered 02/21/12 16:03:16 09-50026-mg Doc 11429 Filed 02/14/12 Main Document REQUEST EAR LIPANTE OF ABSENCE When you need time away from work, complete the proof your need to be gone must be provided within the first scheduled workday missed. Submit completed team to Advance notice is requested, but notice completed no later than 15 days from the coroval/disapproval as follows: Hourly field associates - Facility Manager. Home Office hourty associates → Manager → People Division. Management associates → your Division's People/Personnel area at the Home Office. Request Date: Work Location #: Hourly ☐ Salaried Name: Current Mailing Address: DATES Continuous Leave Beginning: Return Date: Lo REQUESTED • Intermittent/Reduced Hours (available only when medically necessary; the Health Care Provider's Certification Section, below, must be completed) Beginning: **Ending Date:** Describe: MEDICAL LEAVE. To be used when the associate has a medical condition (including pregnancy and childbirth, and on the job Workers' Comp. injuries) requiring time away from work. The Health Care Provider's Section, below, must be completed and signed. Before returning, associate must submit a return-to-work statement/release from a Health Care Provider detailing restrictions, if any. If eligible to receive short- or long-term disability benefits, the associate must file a claim by calling 1-800-492-5678. **PERSONAL**  Is request due to birth, adoption or placement of foster child? Yes\* □ No Is request to provide care for a seriously ill or injured family member? ☐ Yes\* (If yes, the Health Care Provider's Section; below, must be completed and signed.) □ No. Relationship: Other personal reason, explain: MILITARY (Attach copy of military orders.) Is request to fulfill 2 week summer camp duty? If yes, complete the "Military Pay for Summer Camp" worksheet prior to start of leave. ☐ Yes HEALTH CARE PROVIDER'S CERTIFICATION. The above " Wal-Mart associate | family member is under my care for: If associate, Worker's Comp? Yes No Dates: Begin Leave: Return Date: Continuous Lang relief rentine Citation Hours Leave required, describe: 696 Gravson Highway (Stamp/Print Name 30045 (Calculation) 710.963.602 Provider's Signature Date: INSURANCE: Unless you submit a Status Change to reduce or discontinue coverage, your present insurance coverage will continue for up to 1 year while on LOA. If you choose to keep any Medical, Dental or Life insurance, you must send the premium amount normally deducted from your paycheck to: Wal-Mart Benefits, Department 3001, P.O. Box 1039, Lowell, AR 72745. Write your name, social security number and work location on your check or money order. Payments for short and long term disability are not required while on LOA.) The writin 30 days of the due date will result in cancellation of your coverage. While on a leave of absence, you may want to pay your premiums 2 weeks ahead to avoid a delay of your Special Pharmacy Benefits. If you did a status change to reduce or discontinue coverages when you went on LOA, you may do another status change to resume your coverages when you return to work if coverage is cancelled for non-payment of premiums, you may be eligible for a reinstatement of coverage once a required number of hours are worked (see "Elioibility" section of Benefit book). If leave extends beyond 1 year, you may be eligible to elect critinuate coverage under COBBA "Eligibility" section of Benefit book). If leave extends beyond 1 year, you may be eligible to elect continued coverage under COBRA. I have read and understand the "Insurance" section above. Likewise, I understand that if I fall to return to work or request an extension of leave by the return date stated above, my associate benefits shall be subject to torfeiture and the company will have no further obligation to continue my employment. I also understand there will be no accumulation of benefits while I am on leave. I fully understand Wal-Mart's Leave of Absence policy. Associate Signature: Manager's Signature: Approved Denied \*Leave for these reasons is designated and counted as leave pursuant to the FMLA. Pink → Associate's Copy

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 24 of 66

Law Offices of MONGE & ASSOCIATES

Telephone: 678.579.0203 Facsimile: 678.579.0204 1858 Independence Square Suite D Atlanta, Georgia 30338

CIVIL LITIGATION PERSONAL INJURY PRODUCTS LIABILITY WRONGFUL DEATH

October 28, 2005

ESIS /GM Central Claims Unit Claims Dept., Ms. Tanya Morris P.O. Box 300 Mail Code 482 C20 D71 Detroit, Michigan 48265-3000 1.800.888.0164

Re: Your Insured:

**General Motors Corporation** 

Claim No.

484196

Our Client:

Juanita Pickett June 22, 2004

Date of Loss:

Dear Ms. Morris,

Please be advised that our office no longer represents the above-referenced client.

Sincerely,

MG/sam

cc: Ms. Pickett

Marc Grawert

## PAIN AND REHAB PHYSICIANS P. Elega 12/14/12 Enter 7800 W OUTER DR SUITE 103 Rehabilitation of 66 Physicians, PC **DETROIT MI 48235**

Entered 02/21/12 13:03:16 Main Document

Uniquely qualified in nonsurgical pain relief and rehabilitation

4217-155

For all billing questions, call: 248-331-1904

ADDRESSEE:

ACCOUNT NO. PAY THIS AMOUNT STATEMENT DATE 004016 \$138.02 11/13/2008

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE

MAKE CHECKS PAYABLE / REMIT TO:

PAIN AND REHAB PHYSICIANS P.C. 7800 W OUTER DR SUITE 103 **DETROIT MI 48235** 

JUANITA PICKETT 18917 TEPPERT ST DETROIT, MI 48234 3730

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

## STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	*	Desc	cription		Code	Account	Adjustment	Balance
1/11/2008		004016 PICKETT JUNEW PATIENT -CO PMT-MC 01/30/2008 ADJ-MC 01/30/2008	IANITA MP H&P,		715.11	99204	250.00 -12.07 -99.91	250.00 237.93 138.02
		CO-INS: 0000302 D 881546813 PMT-IN 02/08/2008 BCBSM/Copay 138. 037343759				Managara ya mara i kata a	0.00	138.02
		00,010,00						
			· ·					
						:		
						:		
	1	Patient Aged F	Receivables			Danding		\$0.00
0 - Curr	30 opt	31 - 60 Past Due	61 - 90 Past Due	91 - 120 Past Due	Insurance	Pending Balance (Due	Now	\$0.00 \$138.02

For all billing questions, call: 248-331-1904



## Office of Defects Investigation

## **Complaints - Search Results**

2 Records Displayed.

Report Date: July 23, 2007 at 09:27 AM

ODI Numbers Searched: 10178296

Make: BUICK

**Model: RENDEZVOUS** 

Year: 2003

Manufacturer: GENERAL MOTORS CORP.

Crash: Yes

Fire: No

Number of Injuries: 1

**ODI ID Number:** 10178296

Date of Failure: June 22, 2004

Number of Deaths: 0

VIN: 3G5DA03E83S...

**Component: SUSPENSION** 

Summary:

TL\* - THE CONTACT OWNS A 2003 BUICK RENDEZVOUS CX/CSL. THE CONTACT WAS DRIVING AT 5-10 MPH IN BUMPER TO BUMPER TRAFFIC. SHE APPLIED THE BRAKES AND THE CAR STARTED SHAKING FROM SIDE TO SIDE AND THEN IT FLIPPED OVER THREE TIMES, LANDING IN AN EMBANKMENT. THE CONTACT STATED THAT IT HAD RAINED EARLIER THAT DAY, BUT THAT THIS INCIDENT HAPPENED APPROXIMATELY TWO HOURS AFTER THE RAIN STOPPED. THE CONTACT WAS INJURED AND WAS CURRENTLY STILL UNDER THE CARE OF A DOCTOR. THE POLICE WERE CONTACTED, HOWEVER, THEY NEVER CAME TO THE SCENE. THE CONTACT STATED THAT NO RESEARCH WAS DONE CONCERNING THE CAUSE OF THE CRASH. \*AK UPDATED 1/29/2007 - \*NM

Make: BUICK

**Model: RENDEZVOUS** 

Year: 2003

Manufacturer: GENERAL MOTORS CORP.

Crash: Yes

Fire: No

Number of Injuries: 1

**ODI ID Number:** 10178296

Number of Deaths: 0

Date of Failure: June 22, 2004

VIN: 3G5DA03E83S...

Component: SERVICE BRAKES, HYDRAULIC

Summary:

TL\* - THE CONTACT OWNS A 2003 BUICK RENDEZVOUS CX/CSL. THE CONTACT WAS DRIVING AT 5-10 MPH IN BUMPER TO BUMPER TRAFFIC. SHE APPLIED THE BRAKES AND THE CAR STARTED SHAKING FROM SIDE TO SIDE AND THEN IT FLIPPED OVER THREE TIMES, LANDING IN AN EMBANKMENT. THE CONTACT STATED THAT IT HAD RAINED EARLIER THAT DAY, BUT THAT THIS INCIDENT HAPPENED APPROXIMATELY TWO HOURS AFTER THE RAIN STOPPED. THE CONTACT WAS INJURED AND WAS CURRENTLY STILL UNDER THE CARE OF A DOCTOR. THE POLICE WERE CONTACTED, HOWEVER, THEY NEVER CAME TO THE SCENE. THE CONTACT STATED THAT NO RESEARCH WAS DONE CONCERNING THE

Doc 11429; Filed 02/14/12 Entered 02/21/12\_13:03:16 Main Document Gwinnett Hospital System Pg 27 of 660 ANT A 13895738 Outpatient Order Form - Precertification Imaging Services Precertification . A. . . . . U.S. . . Fax (678) 442-9736 Patient already scheduled? The Thomas Andrews The Patient already scheduled? The Thomas Andrews The Patient already scheduled? The Thomas Andrews The Patient already scheduled? The Patient already scheduled? Check appointment location: ☐ GLANCY OUTPATIENT ☐ 575 OUTPATIENT IMAGING JOAN GLANCY MEMORIAL HOSPITAL Q OTHER: GWINNETT MEDICAL CENTER PERCERT PATIENT? ☐ Yes ☐ No Appointment date/time: Medicare: Yes O No Precertification # if required: \_ Insurance card copy must be faxed with order. \*Physician's office and Patient phone numbers are required. Patient Evening Phone \*Patient Daytime Phone A note to all physicians: Tests should only be ordered that are medically necessary for the diagnosis, symptoms and/or treatment. The patient may be billed for tests that are not deemed necessary by payors. Please submit ALL (appropriate) clinical indications for ALL test(s) ordered. Imaging Services Scheduling Dept. (678) 442-3444 ICD-9 CODES INFORMATION / SIGNS / SYMPTOMS, - NO RULE OUTS MRI: ☐ With contrast ☐ No contrast Ø(Head X Neck Extremities: Specify: \_ ☐ Abdomen □ Peivis □Rt □Lt □Bilat □ Spine: □ C □ T □ L ☐ Chest ☐ Head ☐ Neck ☐ MRA: Specify site: □ CT angiography: Specify site: \_\_\_\_\_\_ □ Spine: □ C □ T □ L □ Other: Specify: \_ Extremities: Specify: \_\_\_\_ □ Rt □ Lt □ Bilat **NUCLEAR MEDICINE:** Other: Specify: \_\_\_ ☐ Bone scan ☐ Thyroid uptake and scan ☐ Hepatobiliary dynamic PET: ☐ Hepatobiliary scan . □ Breast ☐ Lung □ Renal scan ☐ Thyroid ☐ Colorectal ☐ Renal with lasix ☐ Renal ☐ Cell CA Melanoma ☐ Renal with vasotec ☐ Lymphoma Ovarian □ Gastric emptying ☐ Gastric ☐ Head □ Nuclear medicine Others: ☐ Brain/Alzheimer's ☐ Neck ☐ Liver ☐ Esophageal/Diagnosis INTERVENTIONAL PROCEDURES: ☐ Esophageal/Initial staging Please contact Scheduling for appointments GHS WILL SCHEDULE AND ATTEMPT TO PRECERTIFY PROCEDURES LISTED ABOVE The procedure will not be performed in the absence of the completed form including the appropriate diagnosis and/or ICD-9 code supporting the ordered procedure. Ordering physicians are responsible for the accuracy of the information provided. Please fax form to 678-442-9736, and have patient bring this form on the date of Physician Name (Please print) Physician Signature: ☐ Telephone ☐ Fax \*Results to (phone or fax number): \_\_\_\_\_\_\_ INSTRUCTIONS FOR PATIENT PREP ON NEXT PAGE

Seq # 18693 Implemented: 09/03

## PAYROLL AND PERSONNEL RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:  I hereby authorize you to provide to	MONGE & ASSOCIATES 1858 INDEPENDENCE SQUARE, SUITE D ATLANTA, GEORGIA 30338
, or the	eir agents
Marc Grawert, Esq., or the	bearer of any
photostatic or xerox copy hereof, a complet	te copy of all records
pertaining to my employment, including but	not limited to all
personnel, payroll, medical, or hospital red	cords pertaining to me.
My full name is: Juanita Pickett	
My date of birth is: 5/14/54	
My social security number is: $369/36/$	4803
My dates of employment were Feb 8 2000	to May 2005
Sales Associate Management	rden Center, Phone
I was employed at the following offices:	
wal-mart Store #01-1373	
4004 Lawrenceville Hway N	lw .
Lilburn Ga 30047-2820	
SIGNATU	nita Pieletti
Date	23/05

JOHN LINDER SEVENTH DISTRICT, GEORGIA

COMMITTEE ON WAYS AND MEANS

Congress of the United States House of Representatives Washington, DC 20515–1007 WASHINGTON, DC, OFFICE: TEL: (202) 225-4272

TEL: (202) 225-4272 FAX: (202) 225-4698

DISTRICT OFFICE: TEL: (770) 232-3005 FAX: (770) 232-2909

ONLINE OFFICE: HTTP://LINDER.HOUSE.GOV

October 1, 2007

Ms. Juanita Pickett 3136 Justice Mill Court Lawrenceville, Georgia 30044-3246

Dear Ms. Pickett:

Thank you for contacting my office regarding an automobile accident. It is regrettable that you have had such a difficult time getting this resolved.

Since your problem does not involve a federal agency, I am not in a position to directly assist you. Therefore, by way of this letter your case is being referred to Thurbert E. Baker, Attorney General. If you would like to contact Mr. Baker, he can be reached at the following address:

Thurbert E. Baker, Attorney General Department of Law, State of Georgia 40 Capitol Square, SW Atlanta, Georgia 30334-9003 (404) 656 3300

Again, I regret that I cannot assist you with this issue.

Sincerely,

John Linder

Member of Congress

JL: dsk

Cc: Thurbert E. Baker, Attorney General

PLEASE DIRECT ALL POSTAL CORRESPONDENCE TO:

1026 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1007

PRINTED ON RECYCLED PAPER



# STATE BAR OF GEORGIA GRIEVANCE CONFIDENTIAL

Please type or print legibly.	
YOURNAME: Juanita Pickett	_
MAILING ADDRESS: 3136 Justice Mill Ct. Lawrence Ville Ga 3804	4
YOUR PHONE NUMBERS: (W)	_
A	
NAME OF THE ATTORNEY: Marc CyawerT  Fill out a separate form for each attorney. Do not list law firms.  Attant	a
ADDRESS OF THE ATTORNEY: 1858 Independence Square, Suited 30338	<b>,</b> /
DATE OF FIRST CONTACT WITH ATTORNEY: 10/11/07 DATE OF LAST CONTACT WITH ATTORNEY: 16/38/05	
DOES THIS ATTORNEY CURRENTLY REPRESENT YOU? NOT Any MOSY	
STATE WHAT THE ATTORNEY HAS DONE OR HAS NOT DONE THAT CAUSES YOU TO SUBMIT THIS REPORT.	
After he Sent the Amount the insurance was	-
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Representing the case to call this number 1800-88801	ex
and ask Forthis number 484196 And ask Fora	_
Ms. Tarquya Morris When I call her She Say I did	
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Me Any thing and She didn't From them on I	
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My Mana Chawert Anymore so I Reported it to	<u>2</u>
National Highway Safety association page	_
If more space is needed, please attach other pages. Please do not write on the back.	
If more space is needed, please attach other pages. I lease to not write our size of the space is needed, please attach other pages.	
"I affirm that the information I have provided here is true to the best of my knowledge	"
Return to: State Bar of Georgia  Office of the General Counsel SIGNATURE: Handa Culture	
Office of the General Counsel  104 Marietta Street, NW	
Suite 100	
Atlanta, Georgia 30303 DATE: /// 5 / U	
OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU:	
NAME OF CONTACT PERSON: Stanley Coins + walter moore	
PHONE NUMBERS OF CONTACT PERSON: (W) 678-789-9638 (H) 4044686979	
IF YOU HAVE A DISABILITY AND NEED ASSISTANCE IN THE GRIEVANCE PROCESS,  PLEASE CONTACT THE ADA COORDINATOR AT (404) 527-8720 OR (800) 334-6865.	

and appropriately warn our client of the defective conditions. Such conditions were the proximate cause of the injuries and damages sustained by our client, thereby rendering your insured strictly liable in tort to our client.

#### B. Negligence of General Motors Corporation

Under Georgia law, your insured also had a duty to exercise ordinary care to design, engineer, test, manufacture, market and sell safe vehicles so that it did not subject purchasers and passengers to an unreasonable risk of harm. Your insured breached this duty in that it was negligent in designing, manufacturing, and selling the 2003 Buick Rendezvous with defective steering and braking mechanisms. Your insured failed to warn our client of such defects which were the proximate cause of the injuries and damages sustained by our client.

## C. Breach of Implied Warranty of Merchantability by General Motors Corporation

Pursuant to O.C.G.A. § 11-2-314, "a warranty that the goods shall be merchantable is implied in a contract for their sale if the seller is a merchant with respect to goods of that kind." The statute further provides that goods to be merchantable must be at least such as "[a]re fit for the ordinary purposes for which such goods are used." (See Exhibit "2," O.C.G.A. § 11-2-314). Your insured breached the impled warranty of merchantability by selling the 2003 Buick Rendezvous when it was not fit for the ordinary purpose for which such goods are sold. Your insured's breach of this warranty proximately caused the injuries and damages sustained by our client.

#### Property Damage:

As a result of the defective steering and braking mechanisms, our client's 2003 Buick Rendezvous rolled over while traveling along an Interstate Highway and incurred extensive property damage. As a result of the extensive property damage sustained in this collision, our client's vehicle was subsequently declared a total loss. The extensive property damage involved in this crash provides persuasive objective evidence of the high force of impact involved in this collision. (See Exhibit "3," Photographs Depicting Total Loss of Client's Vehicle).

#### Nature of Personal Injuries:

Not surprisingly, due to the high force of impact involved in this case, our client immediately presented herself for medical treatment at the Gwinnett Medical Center emergency room with complaints of neck pain and shoulder pain. Upon initial examination by emergency room doctors, our client was noted to have cervical and thoracic spine tenderness. At this time, we are enclosing a copy of our client's emergency room records, as well as her subsequent treatment records related to care that she received from various medical doctors, plus follow up therapy. Below is a highlight of the personal injuries sustained by our client: bilateral carpel tunnel syndrome, blunt head trauma with concussion, headaches, blurred vision, memory loss, bilateral arm pain, neck pain, back pain, shoulder pain, and chest pain. As a result of the trauma induced injuries sustained by our client while wearing a seatbelt in this collision, she was prescribed pain medication, required the use of a cervical collar, underwent physical therapy, required the use of

18839

a splints on her wrists, experienced difficulty holding and lifting objects, and was unable to continue working or perform normal everyday activities without increased pain and discomfort. In addition, our client's doctor has not ruled out the possibility of future surgery on her wrists. To this date, our client continues to suffer from on going pain and suffering as a result of this incident. (See Exhibit "4," Emergency Room and Follow Up Treatment Records and Related Expenses).

Shanda

Lost Wages:

Due to the obvious trauma of the crash, our client was unable to perform her regular work duties as a Wal-Mart Sales Associate. Prior to this incident, our client was earning approximately \$1,614.40 per month. (\$10.09 per hour x 40 hours worked per week x 4 weeks worked per month = \$1,614.40 monthly earnings) As a result of these wreck related injuries, Ms. Pickett missed 9 months of work. Since she missed 9 months of work, Ms. Pickett incurred lost wages in the amount of \$14,529.60 as a result of this incident. (\$1,614.40 monthly earnings x 9 months missed work = \$14,529.60 lost wages) (See Exhibit "5," Work Excuse and Wage Verification Documenting

\$14,529.60 Lost Wages).

## Special Damages:

The special damages which our client incurred as a result of this serious incident would include, but are not limited to, the following:

1.	Gwinnett Medical Center	\$ 5,348.00
2.	North Metropolitan Radiology Assoc.	\$ 518.00
· 3.	Dr. Robert J. Bonhomme, M.D.	\$ 485.00
4.	Optimum Health	\$ 140.00
5.	Gwinnett Clinic	\$ 3,030.00
6.	Greater Atlanta Primary Care	\$ 354.00
1. J.	Lost Wages	\$14,529.60
<i>1-</i> }	TOTAL SPECIAL DAMAGES	\$24,404.60

## Demand:

On the basis of vehicle roll over, trauma induced bilateral carpel tunnel syndrome, blunt head trauma with concussion, headaches, blurred vision, memory loss, bilateral arm pain, neck pain, back pain, shoulder pain, chest pain, possible future surgery, physical therapy, use of wrist splints, use of cervical collar, use of pain medication, lost wages and pain and suffering, we hereby request a settlement in the amount of \$250,000.00 for our client. A reasonable jury, in our opinion, would have little difficulty in awarding the amount requested, if not a far greater award. The amount cited in this settlement demand assumes that a copy of your insured's applicable declaration page has been produced to our office and that your insured does not carry excess or umbrella policy for any additional coverage above and beyond its primary policy.

This settlement demand is being made pursuant to Southern General Insurance Co. v. Holt,

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16

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MD#

## . 🍎 Gwinnett Hospital System

Gwinnett SportsRehab Upper Extremity Progress Note

Revised: 10004

NAME

PICKETT, JUANITA 70 y DOB: 05/16/1934 SX:F PT:T SVC:GR

######### ACCT# 0014186405 01856 BRANCH, THOMAS P - 04/23/2006

Page 1 of 2

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I. Exercise:
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## Gwinnett SportsRehab GWINNETT HOSPITAL SYSTEM

PICKETT, JUANITA 70 y
BDB: 05/16/1934 SX:F PT:T SVC:GR.

WWW. ACCT#: 0014186406
01856 BRANCH, THOMAS P 04/23/2005
MRN: 0000744913

Median Nerve Gliding Exercises

5-6 Repetitions

E. Splints:
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Dight

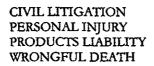
Fig. 34-1. The median nerve gliding program: position 1, wrist in neutral, fingers and thumb in flexion; position 2, wrist in neutral, thumb in neutral, fingers extended; position 3, wrist and fingers extended, thumb in neutral; position 4, wrist, fingers, and thumb in neutral; position 5, forearm in supination; and position 6, the opposite hand applies 2 gentle stretch to the thumb. (Redrawn with permission from Tottan PA and Hunter JM: Therapeutic techniques to enhance nerve gliding in the thoracic outlet and carpal tunto; syndromes, Hand Clin 7(3):505, 1991.)

I hereby acknowledge receipt of the instructions indicated above.

Name franta Ficher

Date: 4-7.3-05

Gwinnett SportsRehab



# Law Offices of MONGE & ASSOCIATES

• Telephone: 678.579.0203 Facsimile: 678.579.0204 1858 Independence Square Suite D Atlanta, Georgia 30338

August 29, 2005

Wal-Mart #01-1373 Attn: Employee Records 4004 Lawrenceville Highway, N.W. Lilburn, Georgia 30047-2820

Employee: Juanita Pickett

Dear Sir or Madam,

Please be advised that our office has been retained to provide legal representation on behalf of the above-referenced client/employee concerning personal injuries incurred as a result of an automobile accident occurring on June 22, 2004. It is crucial to our representation of Ms. Pickett that we verify her time away from work due to the incident.

Accordingly, I have enclosed a wage and salary verification which lists the information that we need. I have also included a Payroll and Personnel Records Authorization signed by Ms. Pickett which authorizes us to receive this information and which also authorizes you to provide us with copies of her personnel and payroll records.

Kindly fill out the Wage and Salary Verification and return it to our office along with copies of Ms. Pickett's payroll and personnel records within ten (10) days of your receipt of this correspondence. If you incur any charges in providing the requested documentation, please let me know and our office will reimburse you for all reasonable and necessary copy charges. If you are unable to provide the requested documentation, please contact the undersigned immediately.

Thank you in advance for your valuable assistance and cooperation in this matter.

With kindest regards, I am,

Very truly yours,

Marc Grawert

MG/sam Enclosure

cc: Ms. Pickett

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pq 38 of 66

# Message Confirmation Report

# OCT-03-2009 12:02 SAT

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[O.K]

#### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Chapter 11 Case No.

MOTORS LIQUIDATION COMPANY f/k/a GENERAL MOTORS CORPORATION,

Debtors.

09-50026 (REG)

(Jointly Administered)

NOTICE OF DEADLINES FOR FILING PROOFS OF CLAIM

(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE)

TO ALL PERSONS AND ENTITIES WITH CLAIMS (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE) AGAINST A DEBTOR SET FORTH BELOW:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in the Past 8 Years
Motors Liquidation Company (//k/a General Motors Corporation)	09-50026	38-0572515	General Motors Corporation GMC Truck Division NAO Fleet Operations GM Corporation GM Corporation GM Corporation-GM Auction Department National Car Sates Automotive Market Research
MLCS, LLC (f/k/a Saturn, LLC)	09-50027	39-2577506	Saturn, LLC Saturn Corporation Saturn Motor Car Corporation GM Saturn Corporatioa Saturn Corporation of Delaware
MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)	09-50028	38-2755764	Saturn Distribution Corporation
MLC of Harlem, Inc. (1%/a-Chevrolet-Saturn of Harlem, Inc.)	09-13558	20-1426707	Chevrolet-Saturn of Harlem, Inc.

PLEASE TAKE NOTICE THAT, on September 16, 2009, the United States Bankruptcy Court for the Southern District of New York (the "Court"), having jurisdiction over the chapter 11 cases of Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors in possession (collectively, the "Debtors") entered an order (the "Bar Date Order") establishing (i) November 30, 2009, at 5:00 p.m. (Eastern Time) as the last date and time for each person or entity (including, without limitation, individuals, partnerships, corporations, joint ventures, and trusts) to file a proof of claim ("Proof of Claim") based on prepetition claims, including a claim under section 503(b)(9) of the Bankruptcy Code, as described more fully below (a "503(b)(9) Claim"), against any of the Debtors (the "General Bar Date"); and (ii) November 30, 2009, at 5:00 p.m. (Eastern Time) as the last date and time for each governmental unit (as defined in section 101(27) of the Bankruptcy Code) to file a Proof of Claim based on prepetition claims against any of the Debtors (the "Governmental Bar Date" and, together with the General Bar Date, the "Bar Dates").

The Bar Date Order, the Bar Dates and the procedures set forth below for the filing of Proofs of Claim apply to all claims against the Debtors (other than those set forth below as being specifically excluded) that arose prior to June 1, 2009, the date on which the Debtors commenced their cases under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code").

Message Confirmation Report

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If you have any questions relating to this Notice, please feel free to contact AlixPartners at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com. In addition, you may contact the Official Committee of Unsecured Creditors through its website at www.motorsliquidationcreditorscommittee.com or at 1-212-715-3275.

YOU SHOULD CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS, INCLUDING WHETHER YOU SHOULD FILE A PROOF OF CLAIM.

#### WHO MUST FILE A PROOF OF CLAIM

You MUST file a Proof of Claim to vote on a chapter 11 plan filed by the Debtors or to share in any of the Debtors' estates if you have a claim that arose prior to June 1, 2009, including a 503(b)(9) Claim, and it is not one of the other types of claims described in Section 2 below. Acts or omissions of the Debtors that arose before June 1, 2009 may give rise to claims against the Debtors that must be filed by the applicable Bar Date, notwithstanding that such claims may not have matured or become fixed or liquidated or certain prior to June 1, 2009.

Pursuant to section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured. Further, claims include unsecured claims, secured claims, priority claims, and 503(b)(9) Claims (as defined in Section 2(d) below).

#### WHO NEED NOT FILE A PROOF OF CLAIM

You need not file a Proof of Claim if:

- Your claim is listed on the Schedules (as defined below) and (i) is not described in the Schedules as "disputed," "contingent," or "unliquidated," (ii) you do not dispute the amount or nature of the claim set forth in the Schedules, and (iii) you do not dispute that the claim is an obligation of the specific Debtor against which the claim is listed on the Schedules;
- (b) Your claim has been paid in full;
- You hold an interest in any of the Debtors, which interest is based exclusively upon the ownership of common or preferred stock, membership interests, partnership interests, or warrants or rights to purchase, sell or subscribe to such a security or interest; provided, however, that interest holders who wish to assert claims (as opposed to ownership interests) against any of the Debtors that arise out of or relate to the ownership or purchase of an interest, including claims arising out of or relating to the sale, issuance, or distribution of the interest, must file Proofs of Claim on or before the applicable Bar Date, unless another exception identified herein applies;
- You hold a claim allowable under sections 503(b) and 507(a)(2) of the Bankrupicy Code as an administrative claim; provided, however, 503(b)(9) Claims are subject to the General Bar Date as provided above. Section 503(b)(9) provides in part: "...there shall be allowed administrative expenses...including...(9) the value of any goods received by the debtor within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business." Accordingly, if you have a 503(b)(9) Claim, you must file a Proof of Claim on or before the General Bar Date;
- (c) You hold a claim that has been allowed by an order of the Court entered on or before the applicable
- You hold a claim against any of the Debtors for which a separate deadline is fixed by the Court (whereupon you will be required to file a Proof of Claim by that separate deadline);
- (g) You are a Debtor in these cases having a claim against another Debtor;
- You are an affiliate (as defined in section 101(2) of the Bankruptcy Code) of any Debtor as of the Bar (ħ)

11/11/2004 1:15:41 PM

# **Gwinnett Clinic** 475 Phillips Blvd Suite 100 Lawrenceville Ga 30045

Patient: Pickett, Juanita

DOB:

5/16/1934

Physician:

Dr. Salles

ID#:

PICKETT\_JUANIT\_0411

SEX:

Female

Ref. Phys:

Dr. Shah

Patient History: Neck and bilateral arm pain.

# **ELECTRODIAGNOSTIC RESULTS:**

# **EMG**

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
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Left	1stDorint	Ulpar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml .	
Left	ExtDigCom	Radial (Post Int)	C7-8	Nml	Nml	Nmi	Nml	Nml	0	Nml	Nml	
Left	Biceps	Musculocut	C5-6	Nml	Nml	Nmi	Nml	Nml	0	Nml	Nml	
Left	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Abd Poll Brev	Median	C8-T1	Nınl	Nml	Nml	Nml	Nml	,0	Nml	Nmi	
Right	lstDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Pronator Teres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtDigCom	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C7 Parasp	Rami	C7	Nml	Ňml	Nml	Nml	Nmi	0	Nml	Nml	
_	C8 Parasp	Rami	C8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C5 Parasp	Rami	C5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C6 Parasp	Rami	C6	Nml	Nml	Nmi	Nml	Nml	0	Nml	Nml	
Right		Rami	Tì	Nml	Nml	Nmi	Nml	Nml	0	Nml	Nml	
Right	T1 Parasp	Rami	C5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	C5 Parasp		C6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	C6 Parasp	Rami	Ç7	Nml	Nml	Nml	Nml	Nml	Ö	Nmi	Nml	
Left	C7 Parasp	Rami	C8	Nmi	Nml	Nml	Nml	Nml	Ŏ	Nml	Nml	
Left Left	C8 Parasp T1 Parasp	Rami Rami	ΤI	Nml	Nml	Nml	Nml	Nml	ō	Nml	Nml	

# **Motor Nerves**

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm Amp (mV)	Neg Du	r Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Me Wrist Elbow	dian (At	4.61 8.44		3.77 3.49	>3.0	6.80 6.72	Elbow-Wrist	3.83	20.5	53,52	>48.0

Right Median (Ahd Poll Brev)



# Gwinnett Hospital System Emergency Services 1000 Medical Center Boulevard, Lawrenceville, Ga 30045 678-442-4321

If you have problems reaching or being seen by this doctor, call the EMERGENCY DEPART-MENT or return to the Emergency Department if needed.

The Miles Mason Clinic (678-442-2025) is available to Gwinnett County residents. The Gwinnett Community Clinic (770-985-1199) is also available for those Gwinnett residents who are uninsured or have financial difficulties. They can both provide primary care services on an ongoing basis but should not be used as your emergency room follow up, unless specifically directed.

If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

## PLEASE TAKE THIS WITH YOU WHEN YOU SEE DOCTOR LISTED ABOVE

#### **NECK INJURIES:**

Your exam shows you have strained the muscles and ligaments in your neck. This injury is very common in car accidents; often there is a delay of several hours after the injury before the pain and stiffness appear. A strained neck may also result from sleeping in an awkward position, working overhead, or even using a keyboard. These strains usually improve greatly with proper treatment in 1-2 weeks. Treatment includes:

- Rest Rest in bed may be needed for several days until the pain improves. Sometimes a cervical collar is used to immobilize the neck, but these should not be worn for prolonged periods.
- Ice packs for the first few days and then heat therapy after 2 days can reduce pain and improve movement. Massage and other physical therapies may also provide much relief.
- Medications to reduce pain, inflammation, and spasm can be helpful.

You can expect that your neck injury will be very sore for 2-3 days. Call your doctor if the pain is no better after 3 days of treatment or if the pain is still present after 2 weeks. Call your doctor or the emergency room right away if you have severe or increasing pain that radiates from the neck down the arm, or if you develop numbness or weakness in your arms, hands or legs.

Patient: Pickett, Juanita Page 2 of 5 Tuesday - June 22, 2004 - 23:39

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 42 of 66

CIVIL LITIGATION PERSONAL INJURY PRODUCTS LIABILITY WRONGFUL DEATH

Law Offices of MONGE & ASSOCIATES

Telephone: 678.579.0203

Facsimile: 678.579.0204

1858 Independence Square Suite D Atlanta, Georgia 30338

July 22, 2005

Gwinnett Medical Center Billing Request 1000 Medical Center Blvd. Lawrenceville, Georgia 30045 678,442,4321

Re:

Patient/Client:

Juanita Pickett

Date of Birth:

05/16/34

Social Security No.: 369-36-4803

Treatment Date:

April 1, 2005 to present

# REQUEST FOR MEDICAL BILLING

Dear Sir or Madam.

We represent the above referenced patient in a pending personal injury matter.

Since the at fault party is ultimately responsible for payment or reimbursement of medical bills arising from their negligence, it is crucial that we receive a billing summary of treatment charges with regard to the above referenced injury/condition.

This summary should include all charges for treatment and supplies, but SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS, as this would be improper evidence.

I have enclosed a Medical Authorization form which authorizes us to receive this information to expedite this request.

Thank you for your prompt attention to this matter.

Very truly yours,

Sherrie Mitchell

Legal Assistant to Marc Grawert

cc: Ms. Pickett

MG/sa

Enclosure: Medical Authorization

# **ATTORNEY-CLIENT AGREEMENT**For Routine Cases Under 11 U.S.C. Chapter 7

It is hereby agreed by Clark & Washington, P.C. ("Attorney") and undersigned "Client" that Attorney shall represent Client in a Petition under Chapter 7 of the U.S. Bankruptcy Code. Client agrees to an attorney fee of \$1,000.00, plus any applicable Court filing fees. Client shall be responsible for all court and credit counseling costs associated with this case. This agreement is predicated upon the completeness and accuracy of the relevant information provided to Attorney by Client. All fees paid by client for the purpose of filing this Chapter 7 petition are NON-REFUNDABLE.

It is further agreed that:

(1) Attorney shall meet and consult with Client as needed, prepare the Petition, Statement of Affairs, Schedules, and Summary as required by the Bankruptcy Code or Local Rules, as well as any other pleadings which are necessary or appropriate during the case, and file same with the Clerk of the United States Bankruptcy Court.

(2) Client's Address:

- (a) Client shall provide Attorney a complete and accurate list of all addresses Client used, including relevant dates, during the past 2 and ½ years.
- (b) Client shall keep in contact with Attorney and maintain Client's correct and up-to-date name, mailing address, phone numbers, and place of employment with Attorney's office.

(3) Creditor List(s):

- (a) Client shall provide a complete list of **ALL** of Client's creditors to Attorney, including the correct name, mailing address, account # (if applicable), and approximate amount owed to each.
- (b) For secured debts (debts which have collateral) Client shall provide the date the debt was incurred, the nature of the collateral, and the collateral's value.
- (c) Client shall also provide the name and phone number of any creditor or attorney seeking to sue Client or to foreclose, repossess or garnish Client's property and/or wages.

(4) Proof of Income:

- (a) Prior to filing Client's case, Client shall provide to Attorney proof of all gross income, from whatever source, Client received in the 6 months ending in the last full calendar month prior to the filing of Client's case.
- (b) Prior to filing, Client's case, Client shall provide to Attorney pay advices (proof of income) for the 60 days immediately prior to the filing of Client's case.
  - (c) Client shall provide proof of current income at the 341 Meeting of Creditors.
- (5) <u>Budget/Debt Briefing</u>: Prior to the filing of Client's case, Client shall provide to Attorney the required Certificate of Completion showing that Client obtained a briefing from an approved credit counseling agency within the past 180 days, except where Attorney and Client agree that exigent circumstances exist which warrant filing for a waiver of this requirement.
- (6) <u>Personal Financial Management Course:</u> After the case is filed, Client shall attend and successfully complete the pre-discharge, personal financial management course required by 11 U.S.C. Section 727(a)(11). Client understands that Client will not receive a discharge if this course is not satisfactorily completed.

(7) <u>Court Hearings</u>: Attorney shall appear at the 341 Meeting of Creditors and any other hearings or proceedings required in Client's case. Client shall attend the 341 Meeting of Creditors and any other hearing or proceeding required in Client's case.

# (8) At the 341 Meeting of Creditors:

- (a) Client shall provide proof that Client paid any and all obligations under a Domestic Relations Order which came due since the filing of Client's case.
  - (b) Client shall provide proof of current income.
- (c) Client shall provide proper identification two forms of ID will be required a photo ID and separate evidence of Clients Social Security Number.

## (9) List of Assets:

- (a) Client shall provide an accurate and complete list of any and all property/assets owned by Client and a complete and honest valuation thereof.
- (b) Client shall disclose to Attorney any and all legal claims or causes of action against third parties which client might have at the time the Chapter 7 is filed. Client acknowledges that the failure to disclose any legal claim against third parties in a timely fashion may result in Client's losing the right to pursue said claim and/or the loss of a discharge in this case. Attorney shall not be responsible for any negative consequences arising out of Client's failure to adequately disclose pre- and/or post-Petition assets or claims against 3<sup>rd</sup> parties.
- (10) <u>Domestic Support Payments</u>: While the case is pending, Client shall make all payments which come due under any applicable Domestic Support Order.

#### (11) Tax returns:

- (a) Prior to filing Client's case, Client shall execute the necessary documents to authorize Attorney to obtain Client's federal tax returns/tax transcripts for the 4 years immediately preceding the filing of Client's case. The failure to do so may result in the dismissal or conversion of client's case.
- (b) At least ten days prior to the 341 Meeting of Creditors, Client shall file and provide to Attorney copies of any unfiled tax returns for the 4 years preceding the filing of Client's case. The failure to do so may result in the dismissal or conversion of client's case.
- (c) Client shall timely file all required tax returns while Client's case is pending. The failure to do so may result in the dismissal or conversion of client's case.
- (12) <u>Statement of Intentions</u>: Client must perform his intentions regarding secured claims, as set forth in the statement of intentions, within 30 days after the date first set for the 341 Meeting of Creditors.

#### (13) To Obtain a Discharge:

- (a) Client must attend the 341 Meeting of Creditors and any other hearings or proceedings required in the case.
  - (b) Client must file all applicable tax returns as they come due, post-Petition;
- (c) Client must pay all obligations arising under any Domestic Relations Order as they come due post-Petition; further
- (d) Client must attend and satisfactorily complete an approved personal financial management course and provide Attorney a certificate of completion of the same.
- (e) Client must provide or account for any financial records that may be requested or required by the Trustee, a creditor, or the Court. The failure to do so may result in the dismissal or conversion of Client's case as well as possible criminal sanctions.

## (14) Dischargeability of Certain Debts:

- (a) Student loan obligations generally are not dischargeable.
- (b) No professional opinion is rendered by Attorney as to the dischargeability or priority status of any tax obligations.
- (c) Obligations arising under a Domestic Support Order are not dischargeable under Section 727.

## (15) Avoiding Liens:

- (a) If Client wishes to avoid any judgment lien, Client shall provide to Attorney a copy of each judgment and the name and address of that creditor's attorney of record.
- (b) If Client wishes to avoid a non-purchase-money-security-interest, Client shall provide to Attorney a copy of the contract granting the lien.

## (16) Representation of Client as an Individual:

- (a) Client understands that Attorney represents Client as an individual only and not as any corporation or partnership in which Client may have owned shares or participated.
- (b) Client understands that the Court may recover payments made to creditors or insiders by Client or by any corporation or partnership in which the Client may have owned shares or participated. Attorney does not represent any third parties from which these payments may be recovered.
- (17) Client understands that, while Client's case is open, property of the estate is under the control of the Trustee. During this time, Client cannot sell, quitclaim, give, bequeath, or otherwise transfer any property of the estate, including but not limited to Client's residence and other real or personal property. The entry of an order discharging client's debts does not necessarily mean that the client's case is closed. Nor does it mean that liens against the property have been extinguished or avoided. Client should contact Attorney if there is any question regarding the status of Client's case, liens, or property of the estate.
- (18) Client agrees that certain tasks associated with Client's case, including but not limited to appearances at the First Meeting of Creditors, may be contracted out to attorneys who are not regular members or associates of Clark & Washington, P.C. This will not result in increased costs to Client and Client authorizes such delegation at Attorney's discretion.
- (19) <u>Criminal Liability</u>: Client understands that all information and documents provided by Client for filing in, or in connection with, Client's case must be complete and accurate. All information and documents are subject to audit. Failure to provide complete and accurate information can result in negative consequences for Client, including the dismissal or conversion of Client's case and the possibility of criminal sanctions.
- (20) Adversary Proceedings: the parties specifically agree that the services contemplated in this contract of employment **DO NOT** include representing Client, either as a Plaintiff or Defendant, in any Adversary Proceeding filed in or in connection with this case. Should Attorney agree to represent Client in an adversary proceeding, a different contract of employment shall be executed between the parties under such terms and conditions as the parties deem mutually acceptable.
- (21) <u>Amendment Fees:</u> There will be an additional, minimum charge of \$130.00 for each amendment to Client's schedules required after the case is filed.

## **ACKNOWLEDGEMENT**

I have read and understand the within and foregoing agreement, it has been explained to me by the undersigned Attorney, and by affixing my signature hereto, I acknowledge receipt of a copy hereof and agree to its conditions. I declare under penalty of perjury that, in preparing to file this Chapter 7 case, I reviewed and provided to Clark & Washington, P.C., the required information concerning my assets and liabilities and that it is true and complete to the best of my knowledge and belief. Accordingly, I hereby authorize Clark & Washington, P.C., to transcribe this information into the correct format for filing with the U. S. Bankruptcy Court.

I further acknowledge and agree that this retainer contract contemplates payment for services rendered pre-Petition as well as services to be rendered post-Petition. The initial payment represents fees earned pre-Petition and the future payments are to be applied as contemporaneous compensation for post-Petition services.

Dated: <u>7/18/2007</u>	Signed: Manila Cickett  Jugnita Pickett
Date: <u>7/18/2007</u>	Attorney:Attorney, for the Firm
$\cap$	copy of each of the notices required by 11 U.S.C. Section 342(b), ction 527(b).  ROBERT D. BARCUS may represent me/us at our 341 Meeting of

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\$ 299.00 Court Filing Fee

**\$1,000.00** Attorney's Fees

FEES TO FILE PETITION:

\$ 299.00 Court Filing Fee

\$0.00 Attorney's Fee

# **REMAINING ATTORNEY FEES:**

\$ 1,000.00 Attorney's Fees to be paid over \_\_5 \_\_ months at \$ 200 \_\_ per month.

CLARK & WASHINGTON, P.C.
3300 N.E. EXPRESSWAY
BUILDING 3
ATLANTA, GA 30341
(404) 522-2222
(770) 220-0685 (FAX)
http://www.CW13.com

PONTIAC-GMC INC.	of _	4355 HWY 78 LILBURN GA 3	····	
2007	Make	BUICK	(ADDRESS)	
R	Model	ENDEZVOUS VIN _	3G5DA03E8	35529433
Sticker No	0	<u> </u>	State <b>G</b> l	A Year
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TER STATEMENT

DATE 61 430193 INVESTORES: 114309NITHERICKETVI12 Entered 02/21/12 13:03:16sto Maile Documents Odometer Disability Statement

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FORM B9A (Chapter 7 Individual or Joint Debtor No Asset Case) (10/05)

Case Number 07-72178-crm

# UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 8/2/07.

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

# See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Juanita Pickett

3136 Justice Mill Court

Lawrenceville, GA 30044

Case Number: 07-72178-crm Judge: C. Ray Mullins

369-36-4803

The entire case number, including judge initials, is required on all

papers filed with the court. Attorney for Debtor(s) (name and address):

E. L. Clark Clark & Washington, P.C. Bldg. 3, Suite A

3300 Northeast Expwy. Atlanta, GA 30341 Telephone number: 404-522-2222 Bankruptcy Trustee (name and address):

Social Security/Taxpayer ID/Employer ID/Other Nos.:

Neil C. Gordon

Arnall, Golden & Gregory, LLP Suite 2100

171 17th Street, NW Atlanta, GA 30363

Telephone number: (404) 873-8596

#### **Meeting of Creditors** Time: 01:00 PM

Date: September 10, 2007

Location: Room 368, Russell Federal Building, 75 Spring Street SW, Atlanta, GA 30303

NOTICE TO DEBTOR(S): Individuals who file bankruptcy must bring two forms of original documentation to their meeting of creditors: photo identification (driver's license, government ID, state photo ID, student ID, U.S. passport, military ID, or resident alien card) and confirmation of their social security number. Additionally, you must provide the trustee whose name appears above with a copy of your most recently filed income tax return. This should be provided at least 7 days before the meeting of creditors. DO NOT FILE YOUR TAX RETURN WITH THE COURT. Please bring a copy of this notice with you to the Meeting of Creditors.

# Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

#### Deadlines:

Papers must be received by the bankruptcy clerk's office by the following deadlines:

Deadline to File a Complaint Objecting to Discharge of the Debtor or to Determine Dischargeability of Certain Debts: 11/9/07

# **Deadline to Object to Exemptions:**

Thirty (30) days after the conclusion of the meeting of creditors.

# **Creditors May Not Take Certain Actions:**

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

# Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

## **Foreign Creditors**

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

For the Court: Address of the Bankruptcy Clerk's Office: Clerk of the Bankruptcy Court: 1340 Russell Federal Building W. Yvonne Evans 75 Spring Street, SW Atlanta, GA 30303 Telephone number: 404-215-1000 Date: 8/6/07 Hours Open: Monday - Friday 8:00 AM - 4:00 PM

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 50 of 66

# UNITED STATES BANKRUPTCY COURT Northern District of Georgia Atlanta Division

In Re: Debtor(s)

Case No.: 07-72178-crm

Juanita Pickett

Chapter: 7

# NOTICE TO DEBTOR THAT COURSE ON FINANCIAL MANAGEMENT IS REQUIRED TO RECEIVE DISCHARGE

Upon review of the docket in the above-styled case, it appears that Debtor or Debtors (hereinafter "Debtor") has not filed Form 23 (Debtor's Certification of Completion of Instructional Course Concerning Personal Financial Management) showing that Debtor has completed the personal financial management course or is exempt. Sections 727(a)(11), 1141(d)(3)(C), and 1328(g) of Title 11, U.S.Code, require an individual debtor in a Chapter 7, 11, or 13 case to complete an instructional course on personal financial management after filing the case unless Debtor obtains an order granting an applicable exemption provided by §109(h)(4). To comply with the course requirement, a debtor must timely file Form 23 with the Clerk's office. See Interim Bankruptcy Rule 1007(b) and (c) and Official Form 23 (10/06). Failure to timely file Form 23 may result in the case being closed without Debtor receiving a discharge.

A Chapter 7 debtor must file Form 23 within 45 days after the first date set for the meeting of creditors. Chapter 11 and 13 debtors must file Form 23 no later than the date the last payment is made as required by the plan or the date a motion for entry of discharge is filed. If Debtor subsequently files a motion to reopen the case in order to file Form 23, Debtor must pay the appropriate fee to reopen the case. THIS NOTICE WILL BE THE ONLY REMINDER ABOUT THE COURSE REQUIREMENT.

This Notice will be served upon the Debtor, counsel for Debtor, and the Trustee.

1977年(1987年) 1988年 - 1987年 1988年 - 1987年 - 1987年 - 1988年 - 1987年 - 1988年 - 1987年 - 19

Dated: August 6, 2007

\*\* Mailing Address
United States Bankruptcy Court
1340 Russell Federal Building
75 Spring Street, SW
Atlanta, GA 30303

W. Yunnetune

W. Yvonne Evans Clerk of Court U.S. Bankruptcy Court

Form 417

# 1964 ®

# STATE BAR OF GEORGIA GRIEVANCE CONFIDENTIAL

Please type or print legibly.
YOUR NAME: Juanita Lickett
MAILING ADDRESS: 3136 Justice Mill dawtenchille 30044  Street or P. O. Box  YOUR PHONE NUMBERS: (W) (H) 7709214339
YOUR PHONE NUMBERS: (W)
NAME OF THE ATTORNEY:  Fill out a separate form for each attorney. Do not list law firms.
ADDRESS OF THE ATTORNEY:
DATE OF FIRST CONTACT WITH ATTORNEY: DATE OF LAST CONTACT WITH ATTORNEY:
DOES THIS ATTORNEY CURRENTLY REPRESENT YOU?
STATE WHAT THE ATTORNEY HAS DONE OR HAS NOT DONE THAT CAUSES YOU TO SUBMIT THIS REPORT.  In Aug. OF this year which is 8/2007 the Highway.  Saytey ass Respond to me To get in Touch with the  Carmaker and attoney General when I call.  Ms. Tappyn Morris I was sent to Maria, Ruiz which  She was suppose to open the case Back up  So she told Me to Call Ms. Tangh Morris For More Informed  When I call her She Stated do I have an  attoney? So I was Not Payed Anything  I Lost Mycar, My Job, My Health, And My Home
If more space is needed, please attach other pages. Please do not write on the back.  Cathy Pain
Return to:  State Bar of Georgia  Office of the General Counsel  104 Marietta Street, NW  Suite 100  Atlanta, Georgia 30303  "I affirm that the information I have provided here is true to the best of my knowledge."  SIGNATURE:  DATE:  DATE:
OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU:
NAME OF CONTACT PERSON:
PHONE NUMBERS OF CONTACT PERSON: (W) (H)
IF YOU HAVE A DISABILITY AND NEED ASSISTANCE IN THE GRIEVANCE PROCESS, PLEASE CONTACT THE ADA COORDINATOR AT (404) 527-8720 OR (800) 334-6865.

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 53 of 66

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# IN THE MAGISTRATE COURT OF GWINNETT COUNTY STATE OF GEORGIA

RESIDENTIAL FUNDING COMPANY, LLC	)	
DI ADJETE	)	CASE NO.: 07-M-34998
PLAINTIFF,	)	
v.	)	
JUANITA PICKETT and/or all others,	- )	
	)	
	)	
	)	
DEFENDANT.	)	

# VOLUNTARY DISMISSAL WITHOUT PREJUDICE

COMES NOW the Plaintiff in the above-styled dispossessory proceeding and pursuant to O.C.G.A. § 9-11-41 hereby voluntarily dismisses the above-styled proceedings WITHOUT PREJUDICE.

This \_\_\_\_\_ day of January 2008.

MORRIS, SCHNEIDER, PRIOR, JOHNSON & FREEDMAN L.L.C.

By. Kyle S. Kotake

Georgia Bar No.: 428697 Attorney for Plaintiff

1587 Northeast Expressway Atlanta, GA 30329 (770) 234-9181 1926807

## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of the foregoing VOLUNTARY DISMISSAL WITHOUT PREJUDICE was served upon the following by mailing same by United States First Class Mail in a properly addressed envelope with adequate postage affixed thereon to insure delivery, addressed as follows:

Juanita Pickett and/or all others 3136 Justice Mill Court Lawrenceville, GA 30044

🛕 day of January 2008.

Kyle/\$. Kotak

Georgia Bar/No.: 428697 Attorney for Plaintiff

MORRIS, SCHNEIDER, PRIOR, JOHNSON & FREEDMAN L.L.C. 1587 Northeast Expressway Atlanta, GA 30329 (770) 234-9181 1926807

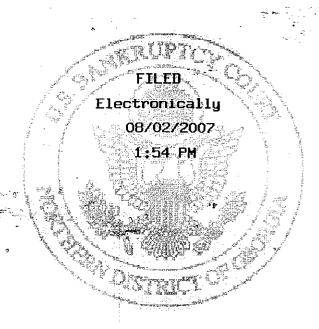
United States Bankruptcy Court Northern District of Georgia

# Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 08/02/2007 at 1:54 PM and filed on 08/02/2007.

Juanita Pickett
3136 Justice Mill Court
Lawrenceville, GA 30044

SSN: xxx-xx-4803



The case was filed by the debtor's attorney:

E. L. Clark
Clark & Washington, P.C.
Bldg. 3, Suite A
3300 Northeast Expwy.

Atlanta, GA 30341 404-522-2222

The case was assigned case number 07-72178.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page http://ecf.ganb.uscourts.gov/index.html or at the Clerk's Office, 1340 Russell Federal Building, 75 Spring Street, SW, Atlanta, GA 30303.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

W. Yvonne Evans Clerk, U.S. Bankruptcy Court



MAY 6, 2005

TO WHOM IT MAY CONCERN

JUANITA PICKETT HAS BEEN ON A CONTINUOUS UNPAID LEAVE OF ABSENSE SINCE 5/3/05.

IF YOU HAVE FURTHER QUESTIONS, CALL 770-921-9224

SINCERELY.

DEBBIE HETHERINGTON

PERSONNEL MANAGER

09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pa 58 of 66 P. W2/992 Pg 58 of 66 NPR-27-28" " 19:27 .r thopsed 4-27-05; 8:28AM;Univers Rx Date/Time ACCT# 014186405 APR-26-2005(TUE) 09:10 PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION DEPRETMENT OF HEALTH AND HIMMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES (COMPLETE FOR INITIAL CLAIMS ONLY) 3. HICN 369-36-4803 MI. | 2 PROVIDER NO. 110087 7. SOC. DATE FIRST NAME 1. PATIENTS LAST NAME Juanita B. ONSET DATE 4-23-05 5. MEDICAL RECORD NO. (Ostional) 6-22-04 11. VISITS FROM SOC. 9. PRIMARY DIAGNOSIS (PARMARY Alarked DX) | 10. TREATMENT DIAGNOSIS PICKETT 4. PROVIDER NAME 6mU=658-Lay some DPT MOT DSIP DCR (B).CTS - ADL USE ORT OPS OSN OSW FLAN BUE: 12 PLAN OF TREATMENT PUNCTIONAL GOALS - home mare monaletrés GOALS (Short Tarm) X A-WEEKS: Ophistates @ @ hours home marage-- there ex - splints ment Splintuse / stretches Det states & Barris B hamps to improve purp partern Aller. - PSI errustion REHAB POTENTIAL BURP PARLETS D'ILY. LTG: WEL B) randuse. REHAB FOLLANDIS GOODS for Stratus GOOLS Hoothe FT. GOALS "Occrease pain 4-throbbins of habits." GOOD for Stratus GOOLS 2x weakly x 3-4-weeks. 12 SIGNATURE (prosecution) cashed ing POC including prof. designation) I CERTIFY THE NEED FOR THE SERVICES FURNISHED UNDER THIS PLAN OF TREMMENT AND WHELE UNDER MY CARE тикочен 5/11/05 17. CERTIFICATION FROM 41/2 (05 D MA 10. ON FILE (Printfupo physician's name) granch, NO a thomas 15. PHYSICIAN SISSETURE 4-27-05 1E PRIOR HOSPITALIZATION APART (Haster): medical complications, level of function of sunt of care. Reason for reserval.) mis 704/0 PSF referres per no to evaluate & tk. @ nam 20 INITIAL AS CTS. Pt. states has @ cock-up splints for pm use. ranos turos to estou il amakens pt. at night. pt. states unas vanos turos to annos. ADUS! Pt. states @ basic ADUS; Vet 5. GVIPR: 554. 6. After D/C pt. may benefit from home management B UEIS. Treatment plan discussed with pt and/or family and pt. family concurs. Date 4-23 21. FUNCTIONAL LEVEL (East of billing period) PROGRESS REPORT LET CONTINUE SERVICES OR Pt rended benegit from continues OT to A Burnetonic use Branos. Pt. procoressing terroiro all gas God # 1 met; cont. OT to toachiere existing a

Fore CMC-700-(11-61)

		OR LEAVE 18 EABSENCE 13.03.16 Main Docume	2.8
first scheduled wo	orkday missed Submit domnieted f	submit this form for approval. Advance notice is requested, but notice lays and this form must be completed no later than 15 days from the orm for approval/disapproval as follows:	
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	PERSONAL	NA	
V alland.	Stephenson  Steph	adoption or placement of foster child? ☐ Yes* ☐ No plot a seriously ill or injured family member? ☐ Yes* ☐ No plot is Section, below, must be completed and signed.)	
	Other personal reason MILITARY (Attachico	explain:  py of military orders.) NA	
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It associate, Worl	ker's Comp?.E⊡ Yes.≅⊡ <b>,</b> ¥6.≋	Dates: Begin Leave: 4 2-2/64 Return Date: Mach 201	
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Lawrence ville	Jan Statement of	Date!	
educted from your pa	vcheck to Wat-Mart Benefits Departm	dice or discontinue coverage, your present insurance coverage will continue it also present insurance coverage will continue it also premium amount normalisent 3001 P.C. Box 1039 (Lowell AR 72745) Write your name, social security	1.37
remium is due each /ithin 30 days of the	pay period (every two weeks) in which due date will result in cancellation	aymonts 20-sqorteand long term disability are not required while on LOA). The chivor do not receive a Wal-Mart payroll check and failure to pay premium.	
r non-payment of ore	miums vou may he eligible for a re	amacy Benefits: If you did a status change to reduce or discontinue coverage to reduce or discontinue coverage to resume your coverages when you return to work if coverage is cancelled instatement of coverage once a required number of hours are worked (see 1) year, you may be eligible to elect continued coverage under COBRA.	1
have read and unders	tand the "Insurance" section above. L	kewise, Lunderstand that if I fail to return to work or request an extension of half be subject to forfeiture and the company will have no further obligation to cumulation of benefits while I am on leave. I fully understand Wal-Mart's Leave	
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lanager's Signatur	Associate Signature	Date: // 9/ 05	
eave for these reas	sons is designated and counted as	leave pursuant to the FMLA.	

# **©**GWINNETT HOSPITAL SYSTEM

#### PATIENT SUMMARY

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09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 61 of 66

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

# Law Offices of MONGE & ASSOCIATES

Telephone: 678.579.0203 Facsimile: 678.579.0204 1858 Independence Square Suite D Atlanta, Georgia 30338

August 29, 2005

Wal-Mart #01-1373 Attn: Employee Records 4004 Lawrenceville Highway, N.W. Lilburn, Georgia 30047-2820

Employee: Juanita Pickett

Dear Sir or Madam,

Please be advised that our office has been retained to provide legal representation on behalf of the above-referenced client/employee concerning personal injuries incurred as a result of an automobile accident occurring on June 22, 2004. It is crucial to our representation of Ms. Pickett that we verify her time away from work due to the incident.

Accordingly, I have enclosed a wage and salary verification which lists the information that we need. I have also included a Payroll and Personnel Records Authorization signed by Ms. Pickett which authorizes us to receive this information and which also authorizes you to provide us with copies of her personnel and payroll records.

Kindly fill out the Wage and Salary Verification and return it to our office along with copies of Ms. Pickett's payroll and personnel records within ten (10) days of your receipt of this correspondence. If you incur any charges in providing the requested documentation, please let me know and our office will reimburse you for all reasonable and necessary copy charges. If you are unable to provide the requested documentation, please contact the undersigned immediately.

Thank you in advance for your valuable assistance and cooperation in this matter.

With kindest regards, I am,

Very truly yours,

Marc Grawert

MG/sam
Enclosure

cc: Ms. Pickett

# ©GWINNETT HEALTH SYSTEM

# Gwinnett Hospital System Emergency Services 1000 Medical Center Boulevard, Lawrenceville, Ga 30045 678-442-4321

Prescriptions Received: Lortab 5 5mg tab, Robaxin 500mg tab

Discharge Instructions Received: MOTOR VEHICLE ACCIDENTS, NECK INJURIES

Drug Instructions Received: NARCOTIC PAIN MEDICINE, SKELETAL MUSCLE RELAXANTS

Referral: \*PMD, - Phone Number Known to Patient in 7 days

Thereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Date/Time: ()6/22/200	04 23:39 Treating MD: B	uchanan, Carlton	
Patient Signature:		bett	
Account Number: 00	13873815		
Medical Record Nurr	nber: 744913		
I have explained the i	nstructions and have given a cop	ey to the patient.	,
	10.60 RM	Date:	7/23/0i
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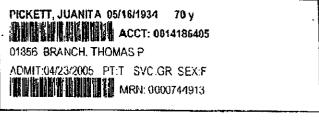
Patient: Pickett, Juanita

Page 5 of 5

Tucsday - June 22, 2004 - 23:39

Seq. # 13708 Rev. 3/00 09-50026-mg Doc 11429 Filed 02/14/12 Entered 02/21/12 13:03:16 Main Document Pg 64 of 66

# 🗓 Gwinnett Hospital System Sports Medicine & Rehabilitation Patient Information



	A COLUMN
How d	id you hear about our clinic?
MEDI	CAL HISTORY
ι.	Injury/Condition: Onset Date:
2.	Past medical history. Please check all that apply:  ☐ Heart ☐ Lung ☐ High Blood Pressure ☐ Cancer ☐ Stroke ☐ Diabetes ☐ Scizures ☐ Currently pregnant ☐ Other
	Medications: Surgeries: NO Allergies: NO
3.	This clinic may use a latex, clastic resistance product. This product does not have latex powder. Do you have a latex allergy? Yes No If yes, please describe:
4.	Assistive devices that you currently use:  Ll Hearing aids
4.	Do you have any spiritual/religious and/or cultural beliefs that will affect your care in therapy?
6	What topics do you need/want to know about? (medications, diagnosis, treatment, nutrition, etc.)
7.	What is you primary language? <u>Finglish</u> . Spanish Other:
¥.	Do you have financial questions related to your treatment options? Yes No If so, referral made to: Case Manager Financial Counselor
<b>₹</b> 9.	How do you learn best?  ☐ Reading ☐ Video ☐ Pictures ☐ Demonstration ☐ Listening ☐ Other
•	FOR CLINIC USE ONLY: LEARNING ASSESSMENT OF PATIENT/FAMILY Shows ability to understand concepts and responds to questions: (Yes No Some Readiness to learn shown by: Questions Interest Distracted Denies Need Other Unable to assess readiness due to: Therapist Signature:

FORM B9A (Chapter 7 Individual or Joint Debtor No Asset Case) (10/05)

Case Number 07-72178-crm

# UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 8/2/07.

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Juanita Pickett

3136 Justice Mill Court

Lawrenceville, GA 30044

Case Number: 07-72178-crm

Judge: C. Ray Mullins

The entire case number, including judge initials, is required on all papers filed with the court.

Attorney for Debtor(s) (name and address):

E. L. Clark

Clark & Washington, P.C.

Bldg. 3, Suite A 3300 Northeast Expwy.

Atlanta, GA 30341

Telephone number: 404-522

Social Security/Taxpayer ID/Employer ID/Other Nos.:

Bankruptcy Trustee (name and address):

xxx-xx-4803

Neil C. Gordon Arnall, Golden & Gregory, LLP

Suite 2100

171 17th Street, NW Atlanta, GA 30363

Telephone number: (404) 873-8596

## Meeting of Creditors

Date: September 10, 2007

Time: 01:00 PM

Location: Room 368, Russell Federal Building, 75 Spring Street SW, Atlanta, GA 30303

NOTICE TO DEBTOR(S): Individuals who file bankruptcy must bring two forms of original documentation to their meeting of creditors: photo identification (driver's license, government ID, state photo ID, student ID, U.S. passport, military ID, or resident alien card) and confirmation of their social security number. Additionally, you must provide the trustee whose name appears above with a copy of your most recently filed income tax return. This should be provided at least 7 days before the meeting of creditors. DO NOT FILE YOUR TAX RETURN WITH THE COURT. Please bring a copy of this notice with you to the Meeting of Creditors.

# Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

#### Deadlines:

Papers must be received by the bankruptcy clerk's office by the following deadlines: Deadline to File a Complaint Objecting to Discharge of the Debtor or to Determine Dischargeability of Certain Debts: 11/9/07

#### Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

#### **Creditors May Not Take Certain Actions:**

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

#### Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

## **Foreign Creditors**

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office: 1340 Russell Federal Building 75 Spring Street, SW

Atlanta, GA 30303

Hours Open: Monday - Friday 8:00 AM - 4:00 PM

Telephone number: 404-215-1000

For the Court: Clerk of the Bankruptcy Court:

W. Yvonne Evans

Date: 8/6/07

	EXPLANATIONS	FORM B9A (10/0
Filing of Chapter 7 Bankruptcy Case	A bankruptcy case under Chapter 7 of the Bankruptcy Code (title 11, United States Code) by or against the debtor(s) listed on the front side, and an order for relief has been entered.	11 (*1)
Legal Advice	Neither the Court nor the staff of the bankruptcy clerk's office can give you legal advice. consult an attorney to protect your rights.	You may want to
Creditors Generally May Not Take Certain Actions	Prohibited collection actions are listed in Bankruptcy Code §362. Common examples of pricontacting the debtor by telephone, mail or otherwise to demand repayment; taking actions obtain property from the debtor; repossessing the debtor's property; starting or continuing and garnishing or deducting from the debtor's wages. Under certain circumstances, the stay days or not exist at all, although the debtor can request the court to extend or impose a stay	s to collect money or lawsuits or foreclosures;
Presumption of Abuse	If the presumption of abuse arises, creditors may have the right to file a motion to dismiss the Bankruptcy Code. The debtor may rebut the presumption by showing special circumsta	the case under § 707(b) of nces.
Meeting of Creditors	A meeting of creditors is scheduled for the date, time and location listed on the front side. In a joint case) must be present at the meeting to be questioned under oath by the trustee at are welcome to attend, but are not required to do so. At the meeting, the creditors may elect one named above, elect a committee of creditors, examine the debtor, and transact such oth properly come before the meeting. The meeting may be continued and concluded at a later notice.	nd by creditors. Creditors ta trustee other than the
Do Not File a Proof of Claim at This Time	There does not appear to be any property available to the trustee to pay creditors. You there proof of claim at this time. If it later appears that assets are available to pay creditors, you we telling you that you may file a proof of claim, and telling you the deadline for filing your proof to be a creditor at a foreign address, the creditor may file a motion requesting deadline.	vill be sent another notice
Discharge of Debts	The debtor is seeking a discharge of most debts, which may include your debt. A discharge never try to collect the debt from the debtor. If you believe that the debtor is not entitled to Bankruptcy Code §727(a) or that a debt owed to you is not dischargeable under Bankruptcy (6), you must start a lawsuit by filing a complaint in the bankruptcy clerk's office by the "Do Complaint Objecting to Discharge of the Debtor or to Determine Dischargeability of Certain front side. The bankruptcy clerk's office must receive the complaint and any required filing	receive a discharge under Code §523(a)(2), (4), or eadline to File a
Exempt Property	The debtor is permitted by law to keep certain property as exempt. Exempt property will no to creditors. The debtor must file a list of all property claimed as exempt. You may inspect t clerk's office. If you believe that an exemption claimed by the debtor is not authorized by la objection to that exemption. The bankruptcy clerk's office must receive the objections by the Exemptions" listed on the front side.	that list at the bankruptcy
Tince .	Any paper that you file in this bankruptcy case should be filed at the bankruptcy clerk's office on the front side. You may inspect all papers filed, including the list of the debtor's property the property claimed as exempt, at the bankruptcy clerk's office. (See below for additional telephone and internet access to Bankruptcy Court records).	and debts and the list of
oreign Creditors	Consult a lawyer familiar with United States bankruptcy law if you have any questions regar	rding your rights in this
	Refer to Other Side for Important Deadlines and Notices	
Cio) with thee number	for further information on this case is available 24 hours daily by calling the Court's Voice C at 800–510–8284 or or 404–730–2866 or 404–215–1000 and select the option for VCIS. Plumber or debtor name available when calling.	ase Information System lease have the case
ACER (Public Access of ght and weekends. The enerated and mailed for	may choose to visit the Bankruptcy Court locations to view case information for free. Case page. Members of the bar and the public may access Court records at any time, by obtaining to Court Electronic Records) Service Center (800–676–6856). PACER access is available viet cost to use PACER is eight (8) cents per page up to a maximum of \$2.40 per document. As your account, if you have accrued charges during the quarter and have a balance due greate no statement will be mailed and payment will be deferred until the balance due is greater that I amount due.	an account with the a the Internet, days, statement will be